

<i>SERFF Tracking Number:</i>	<i>BNLA-126245984</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life and Casualty Company</i>	<i>State Tracking Number:</i>	<i>43073</i>
<i>Company Tracking Number:</i>	<i>15945A</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>15945A - HC Brochure</i>		
<i>Project Name/Number:</i>	<i>15945A - HC Brochure/15945A - HC Brochure</i>		

## Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: 15945A - HC Brochure

TOI: LTC06 Long Term Care - Other

Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Advertisement

SERFF Tr Num: BNLA-126245984

SERFF Status: Closed

Co Tr Num: 15945A

Co Status:

Authors: Thomas Kimble, Dan  
Murphy

Date Submitted: 07/28/2009

State: ArkansasLH

State Tr Num: 43073

State Status: Closed

Reviewer(s): Marie Bennett

Disposition Date: 07/31/2009

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 15945A - HC Brochure

Project Number: 15945A - HC Brochure

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/31/2009

Deemer Date:

Filing Description:

ATTN: Compliance - Life & Health

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/31/2009

Corresponding Filing Tracking Number:

NAIC #: 233-61263

RE:: LONG TERM CARE ADVERTISING

Invitation to Contract

Point of Sale Brochure

SERFF Tracking Number:	BNLA-126245984	State:	Arkansas
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Form 15945A

Dear Commissioner:

As required by your state's advertising guidelines, we are filing the above referenced forms.

Form 15945A is designed to be used by our licensed agents when soliciting the sale of our previously approved Home Health Care Policy, plans GR-N500 and GR-N510.

This form will be hand presented and arranged by our licensed agents with our approved Outlines of Coverage depending on the policy form being presented.

This filing has not been submitted to our domicile state of Illinois because they do not require the filing of advertising material.

Your consideration of this filing would be appreciated.

## Company and Contact

### Filing Contact Information

Dan Murphy, Compliance Administrator	d.murphy@banklife.com
600 West Chicago Ave	(312) 396-6134 [Phone]
Chicago, IL 60654-2800	(312) 396-5907[FAX]

### Filing Company Information

Bankers Life and Casualty Company	CoCode: 61263	State of Domicile: Illinois
600 West Chicago Ave	Group Code: 233	Company Type:
Chicago, IL 60654-2800	Group Name:	State ID Number:
(800) 621-3724 ext. [Phone]	FEIN Number: 36-0770740	

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## Filing Fees

*SERFF Tracking Number:*      *BNLA-126245984*      *State:*      *Arkansas*  
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*TOI:*      *LTC06 Long Term Care - Other*      *Sub-TOI:*      *LTC06.000 Long Term Care - Other*  
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*Project Name/Number:*      *15945A - HC Brochure/15945A - HC Brochure*

*Fee Required?*      *Yes*  
*Fee Amount:*      *\$25.00*  
*Retaliatory?*      *No*  
*Fee Explanation:*      *25.00 per advertisement*  
*Per Company:*      *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$25.00	07/28/2009	29492309

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	07/31/2009	07/31/2009

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## **Disposition**

Disposition Date: 07/31/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form	Home Care Insurance Brochure		Yes

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## Form Schedule

Lead Form Number: 15945A

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	15945A	Advertising Home Care Insurance Brochure	Initial		0	15945A_(8-09)_1.pdf

**HC**  
*Home Care*  
500/510

*Bankers*  
**SIMPLECHOICE<sup>SM</sup>**

# Home Care

Home Care Insurance



  
**BANKERS**  
LIFE AND CASUALTY COMPANY  
*We specialize in seniors*



# Home Care

## Home Care Insurance

Insurance protection  
designed specifically for  
care in your own home.



### Features and Benefits

**Average Daily Benefit Amount:**

**\$150 per day**

Maximum Monthly Benefit Amount is equal to  
31 times the Average Daily Benefit Amount

**Elimination Period/Deductible:**

**90 days**

**Duration Period/Benefit Multiplier:**

**730 days (2 years)**

### Home Care

- Home care aides and therapists
- Custodial care
- Meal delivery
- Domestic cleaning and laundry services
- Transportation services

### Other Benefits

- Adult Day Care
- Hospice Care
- Alternate Plan of Care
- Home Modification Allowance
- Monitoring Equipment Allowance
- Respite Care
- Caregiver Training Allowance
- Joint Waiver of Premium
- Guaranteed Purchase Option
- Guaranteed Renewability
- Optional Inflation Protection
- Tax-Qualified Plan Available
- Optional Restoration of Benefits Rider



## Understanding your benefits.

### Adult Day Care

Reimburses up to the Maximum Monthly Benefit Amount for covered adult day care services.

### Hospice Care

Reimburses up to the Maximum Monthly Benefit Amount for covered hospice care services.

### Alternate Plan of Care

Reimburses up to the Maximum Monthly Benefit Amount for covered services not listed in your policy, if approved by Bankers and your physician.

### Home Modification Allowance

Reimburses up to the Maximum Monthly Benefit Amount for covered home modifications.

### Monitoring Equipment Allowance

Provides a 12-month allowance of up to 5% of the Maximum Monthly Benefit Amount for an emergency response system in your home.

### Respite Care

Provides a once-a-year reimbursement up to the Maximum Monthly Benefit Amount if the relative or friend caring for you without charge needs a temporary break.

### Caregiver Training Allowance

Provides a one-time allowance of up to 25% of the Maximum Monthly Benefit Amount to professionally train a relative or friend who will care for you in your home free of charge.

### Joint Waiver of Premium

Waives the premium for both spouses covered under the same plan after either person qualifies for waiver of premium.

### Guaranteed Purchase Option

Allows you to increase your Average Daily Benefit Amount by 15% every three years without providing evidence of insurability.

### Guaranteed Renewability

Ensures that if you pay your premiums on time, your policy will remain in force with no premium changes unless rates change on a class basis.

### Optional Inflation Protection

Offers a choice of options at an additional charge:

- Compound annual inflation protection (3%, 4% or 5%)
- Simple/equal annual inflation protection (5%)

### Tax-Qualified Plan Available

Select the tax-qualified plan and receive tax advantages that may include deducting premiums as a medical expense and receiving long-term care benefits income tax-free.<sup>1</sup>

### Optional Restoration of Benefits Rider

Restores the policy's Lifetime Maximum benefits if you do not need qualified or prescribed long-term care services for the same cause or causes for 180 days in a row.

<sup>1</sup> Available if you are able to itemize deductions. Subject to the usual limitations on the deduction of medical expenses. Please consult your tax advisor.

# Home Care Insurance Worksheet

Step1

Select your Maximum Daily Benefit Amount

\$\_\_\_\_\_

\$\_\_\_\_\_

For You

For Your Spouse

Step2

Select your Elimination Period

\_\_\_\_\_

\_\_\_\_\_

For You

For Your Spouse

0\*, 15, 30, 60, 90

\*Available only to age 79

Step3

Select your Benefit Multiplier/Duration Period

\_\_\_\_\_

\_\_\_\_\_

For You

For Your Spouse

365, 500, 730, 1095, 1460, 1825

Step4

Select your Inflation Protection

☐ None

\_\_\_\_\_ %

\_\_\_\_\_ %

For You

For Your Spouse

☐ Compound

☐ Compound

☐ Equal/Simple

☐ Equal/Simple

Compound Annual Inflation Protection 3%, 4% or 5%

Equal/Simple Annual Inflation Protection 5%

Step5

Select your Plan

☐ GR-N500 Tax-Qualified Home Care

☐ GR-N510 Non-Tax-Qualified Home Care

Step6

Calculate the Premium

6a. Find the Gross Annual Base Rate in the rate book. Divide the Daily Benefit Amount by increments of \$10 and then multiply by the Gross Annual Base Rate.

Example: \$130/day = 13 x Gross Annual Base Rate

Enter the total on this line.

\$ \_\_\_\_\_

6b. Determine the non-qualified rate factor and premium. If GR-N500 is selected, skip to Step 7. Multiply the results of Step 6a by the corresponding non-qualified factor in the rate book.

Enter the total on this line.

\$ \_\_\_\_\_

This is the Gross Annual Base Premium (GBP)

Step7

Calculate the Net Premium (Apply your applicable discounts)

7a. Select the applicable discounts.

7b. Multiply the Gross Annual Base Premium from Step 6a or 6b by the discount factor that applies.

Example: \$1,100 x .90 = \$990

Enter the total on this line.

\$ \_\_\_\_\_

This is the Net Annual Base Premium

Discounts	Discount Percentage	Discount Factor
Married Person Discount	10%	.90
Spousal Couple Discount	15%	.85

Step8

Calculate the Rider Premium (Check the rate book for the rider calculation order)

Find rider factors in the rate book. Determine the rider factor and add 1 in front of the factor. Multiply the factor by the total in Step 7b. Continue this process using the totals for each rider calculation in the order identified in the rate book.

Example: Survivor Maximum Benefit Rider \$990 x 1.068 = \$1,057.32

Non-Forfeiture Rider \$1,057.32 x 1.05 = \$1,110

Enter the total on this line.

\$ \_\_\_\_\_

This is the adjusted Net Annual Premium

#### **Exclusions and Limitations**

Expenses due to war or acts of war; charges not usually made in the absence of insurance; services or supplies provided by your immediate family or someone who ordinarily lives in your home (caregiver training expenses for a non-professional aren't subject to this exclusion); services and supplies not included in the plan of care; expenses paid by Medicare or any other government insurance plan, except Medicaid.

The tax-qualified policy will not pay for expenses included in the application of any Medicare deductible, coinsurance or co-payment amount.

This brochure is designed to give a brief description of the policies and optional benefits. The exact terms, limitations, definitions, conditions and the qualifications of a specific facility or service will be found in the policy and rider(s), if any, delivered to you. The terms of the policy and any selected rider(s) govern.

THE INFORMATION ABOVE WAS WRITTEN TO SUPPORT THE SALES AND MARKETING OF INSURANCE POLICIES OFFERED BY BANKERS LIFE AND CASUALTY COMPANY. BASED ON YOUR PARTICULAR CIRCUMSTANCES, YOU SHOULD SEEK ADVICE FROM AN INDEPENDENT TAX ADVISOR. YOU CANNOT RELY UPON OR USE THE INFORMATION ABOVE FOR THE PURPOSES OF AVOIDING ANY TAX OR TAX PENALTY THAT MAY BE IMPOSED BY THE INTERNAL REVENUE SERVICE.

Neither Bankers Life and Casualty Company nor any of its agents or representatives are authorized to give legal, tax or accounting advice. We suggest you consult your attorney, accountant or tax advisor on specific points of interest to you.

Neither Bankers Life and Casualty Company nor any of its agents are in any manner affiliated with or sponsored by the U.S. Government or the Federal Medicare Program.

GR-N500 Tax-Qualified Home Health Care Policy  
GR-N510 Non-Tax-Qualified Home Health Care Policy  
255R Restoration of Benefits Rider

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## **Rate Information**

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